

15541 U.S. PTO
06/23/03175221 S 10/601192 PTO
06/23/03

**UTILITY
PATENT APPLICATION
TRANSMITTAL**

(Only for new nonprovisional applications under 37 CFR 1.53(b))

APPLICATION ELEMENTS

See MPEP chapter 600 concerning utility patent application contents.

1. Fee Transmittal Form (e.g., PTO/SB/17)
(Submit an original and a duplicate for fee processing)
2. Applicant claims small entity status.
See 37 CFR 1.27.
3. Specification [Total Pages **07**]
(preferred arrangement set forth below)
 - Descriptive title of the invention
 - Cross Reference to Related Applications (*if applicable*)
 - Statement Regarding Fed sponsored R & D (*if applicable*)
 - Reference to sequence listing, a table, or a computer program listing appendix (*if applicable*)
 - Background of the Invention
 - Brief Summary of the Invention
 - Brief Description of the Drawings (*if filed*)
 - Detailed Description
 - Claim(s)
 - Abstract of the Disclosure
4. Drawing(s) (35 U.S.C. 113) [Total Sheets **02**]
5. Oath or Declaration [Total Pages **□**]
 a. Newly executed (original or copy)
 b. Unsigned
 c. Copy from a prior application (37 CFR 1.63(d))
(for continuation/divisional with Box 18 completed)
 - i. **DELETION OF INVENTOR(S)**
Signed statement attached deleting inventor(s) named in the prior application, see 37 CFR 1.63(d)(2) and 1.33(b)
6. Application Data Sheet. See 37 CFR 1.76

18. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below and in a preliminary amendment, or in an Application Data Sheet under 37 CFR 1.76:

Continuation Divisional Continuation-in-part (CIP)

of prior application No.: _____ / _____

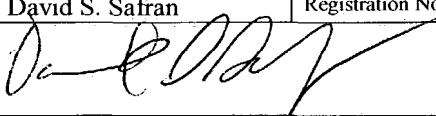
Prior application information:

Examiner _____

Group / Art Unit: _____

For CONTINUATION OR DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 5b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.

19. CORRESPONDENCE ADDRESS

<input checked="" type="checkbox"/> Customer Number or Bar Code Label		22204		or <input type="checkbox"/> Correspondence address below	
Name					
Address					
City	State	Zip Code		Fax	
Country	Telephone				
Name (Print/Type)	David S. Safran	Registration No. (Attorney/Agent)			27,997
Signature				Date	June 23, 2003